Risk Management

National Park Service
Department of the Interior

Edition V *July 2002*

Newsletter

Featured Issues

Great Success !!!!!!!
National Park Service
SAFETY AND HEALTH CONFERENCE

The National Park Service Safety and Health Conference, held April 23-25, 2002, in Phoenix was a great success. The theme of the Conference "Managing Safety and Security in the Next Decade" included breakout topic sessions, Safety Excellence in Park Operations, Personal Safety and Security, Visitor Safety in the National Park Service, Terrorism—Preparedness in the Workplace, and many others.

Keynote speaker, Superintendent Joseph T. Avery, Manhattan Sites, New York City, shown speaking at the Conference. Superintendent Avery discussed the events of September 11 at Federal Hall National Memorial and Castle Clinton National Monument as they affected these Manhattan Sites, and his employees, as well as implications for planning for the safety of employees and the public for the future.

More than 80 employees attended The Conference. Various sessions Presented at the conference and enhanced and broadened participants understanding of actions we all can take to increase our personal safety and security.

National Annual Safety Awards Presented

Director's Employee Safety Achievement Award

Grand Canyon's Structural Maintenance Team (South Rim) was presented the Director's Employee Safety Achievement Award for 2001. Jerry Belson, Southeast Regional Director, presented the award on behalf of Director Mainella. Pablo Garza, Team Leader and John Beshears, Chief of Maintenance received the award for the 13 Structural Maintenance Team Members. Major achievements by the team included increasing managerial and employee commitment to safety by providing education and on-the-job training, posting instructional safety guides at the location of each piece of equipment identifying the proper gear, operational procedures and a list of the employees who are permitted to operate equipment.

The team provides painting, carpentry, masonry, and roofing services for 1,217,403 acres and 277 river miles and went for 913 days without an accident, this is a significant and noteworthy accomplishment considering that 300 employees reside at the South Rim. The no loss-time injuries were due primarily to the Structural Team's approach to job safety.

2001 Andrew Clark Hecht Memorial Public Safety Achievement Award

The recipient of the Andrew Clark Hecht Memorial Public Safety Achievement Award was Glen Canyon National Recreation Area, excepted by Supt. Kitty Roberts, for collaborate efforts with the U.S. Coast Guard in successfully getting the Coast Guard to issue mandatory recall notices to boat manufacturers within 6 months that ordinarily could take up to 3 years. Glen Canyon Staff was also instrumental in assisting in the redesign of houseboat exhaust systems to reduce the potential for carbon monoxide poisonings.

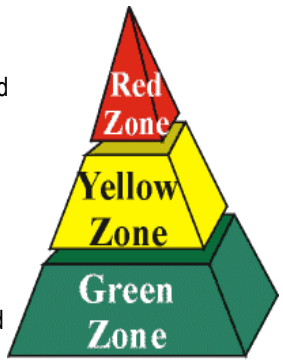
Through Supt. Kitty Robert's leadership and exceptional work by her employees in obtaining congressional support in passing legislation to require higher safety standards for houseboat and generator manufacturers, resulted in the saving of six lives.

Anthrax in the Workplace

In October 2001, four workers died from inhalation anthrax and an additional 13 developed cutaneous or inhalational disease as a result of intentional terrorist activity. In most cases seen thus far, the disease was linked to unexpected workplace exposures to anthrax spores contained in letters mailed through the United States Postal Service. Fortunately, the number of workplaces contaminated with the spores has also been quite limited. Nevertheless, employers and workers are concerned about possible exposure to Bacillus anthracis in the workplace.

Risk Reduction Matrix

This matrix was developed to offer basic advice and suggest protective measures that OSHA believes will reduce the risk of exposure in light of current concerns about the presence of anthrax spores in the workplace. This matrix is not intended to establish a legal standard of care with respect to anthrax spores in the workplace. These recommendations do not impose and are not intended to result in the imposition of any new legal obligations or constraints on employers or the states. See www.osha.gov/bioterrorism/anthrax/matrix/index.html for details.



RED
Contamination Strongly Suspected

YELLOW
Contamination Possible

GREEN
Contamination Unlikely

Safety Management Information System
SMIS ~ Back ON-LINE

While SMIS was not accessible from December 2001 to May 2002 the DOI Office of Managing Risk and Public Safety continued to update the database with OWCP, labor hours, and COP data. This allows incident and lost time rate calculations, but does not contain detailed injury information. The DOI Office of Managing Risk and Public Safety is recommending that the best way to capture the details of reported injuries is to enter a new report rather than trying to modify the OWCP record. Any duplicates created by this method will now be automatically merged into one record after the new record is entered.

SMIS UPDATES

The Department is currently working with the Department of Labor to develop a module for SMIS for the electronic submission of CA-1's. This new process is targeted to begin October 1, 2002.

The Department is also expanding SMIS capability in capturing firefighting incidents. This addendum will include a wildland firefighting incident report module. The module is currently in beta test form and will be available soon.

The Washington Office will not generate a SMIS Usage Report for FY 2002 due to the Internet shut-down. However, it is very important that parks record all accidents/incidents requiring CA-1's and 2's in SMIS to ensure accountability, quality data collection, and Departmental compliance. The SMIS is our only means of collecting valued data which promotes specified improvements.

National Park Service Alive and Well Visits

An integral part of the National Park Service Workers' Compensation Program is proactive case management. This is especially true for our injured employees who are on the periodic rolls of long-term disabilities. These visits will serve as a reminder that we are concerned about the well being of our injured employees, and to ensure that they are receiving their correct FECA entitlements. It also provides an opportunity to assess the potential for reemployment.

The Workers' Compensation Program Manager is responsible for determining which cases are candidates for visits. This will be determined primarily by reviewing the Chargeback Report, OWCP case files at the servicing district offices, agency files and the Agency Query System reports prior to conducting visits. Visits to OWCP offices will be conducted by US Investigation Service investigators. Summary Reports of Findings and Recommendations as obtained will be submitted to the Workers' Compensation Program Manager for review and a determination as to whether an alive and well visit is warranted.

In order to monitor the success of the program savings, reports should be submitted to the Workers' Compensation Program Manager. Visits that result in a return to employment, lost of wage-earning capacity, termination of OWCP benefits and or reduction of OWCP benefits will mean savings for the National Park Service.

Risk Management Advisory Council

The Risk Management Advisory Council met June 4-6, 2002, in Shepherdstown at the National Conservation Training Center. The Council decided the first two of many occupational health program to be developed and implemented:

- Hearing Conservation- Our Certified Industrial Hygienist will seek assistance from park management and maintenance personnel in reviewing the program. The timeline exercise will take appropriately 6 months to conduct a training and implementation demonstration in all regions.
- Exposure Assessment- Our Certified Industrial Hygienist will produce a draft work plan by November 2002

A SERIOUS HEALTH PROBLEM is developing due to automobile collisions caused by distracted drivers. This is the result of the rapid proliferation of portable cell phones and personal organizers used while driving (inattention to roadway conditions).

The key words are "detractors" (devices) that create cumulative "distraction" from driving tasks which can result in injury risks that are largely unrecognized and unexpected by drivers. The problem may worsen if vehicle manufacturers do not conduct proper research to minimize risks and if information on residual risks is not effectively communicated to both dealers and vehicle operators. In general, health promotion has become a critical factor to the successful introduction of advanced technology.

See complete article on Risk Management Web Page, **www.nps.gov/riskmgmt** "The Distracted Driver"

Carbon Monoxide Dangers from Generators

The deaths of two young boys on August 2, 2000, caused by carbon monoxide poisoning while swimming off a houseboat focused National attention to the danger of operating gasoline-fueled electric generators onboard the boats. The U.S. Department of the Interior, which manages recreational waters throughout the U.S., along with the National Institute for Occupational Safety and Health (NIOSH), the U.S. Coast Guard, Houseboat Manufacturers, and National Boating Associations, and others are working together to resolve the situation.

On February 23, 2001, the US Coast Guard issued a mandatory Recall Notice to the manufactures of houseboats who have built vessels equipped with swim platforms and electric generator exhaust systems vented into a stern cavity. This design has been found to permit lethal concentrations of carbon monoxide to build up in the vicinity of the swim platform.

Coast Guard emphasizes that all boat owners/operators should be alerted to the dangers of carbon monoxide, and any owner of a houseboat with the defective design should exercise special care until the manufacturer corrects the problem.

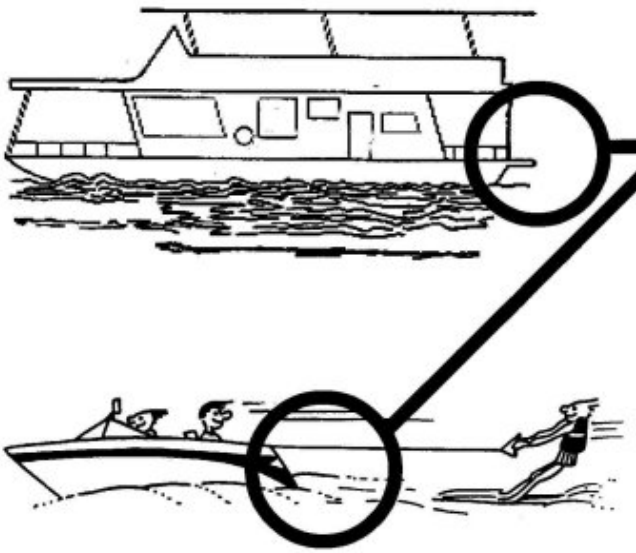
Due to the inherent risk presented by CO in engine exhaust, the Coast Guard recommends that all houseboat owners/operators with swim platforms take steps to ensure the safety of anyone swimming by keeping them away from any area where exhaust is vented. Also, owners should contact the manufacturer of their houseboat, if they have any questions concerning the applicability of this recall to their houseboat, or if their houseboat has this design and they have not been contacted by the manufacturer.

Information Contact: Oly Olson, IMRO (303) 969-2111

Safety Alert

Glen Canyon National Recreation Area

At least 9 people to date have died on Lake Powell from Carbon Monoxide poisoning. Carbon Monoxide, produced by houseboat generators and boat engines, is the primary cause of these fatalities. Don't let your loved one be next!

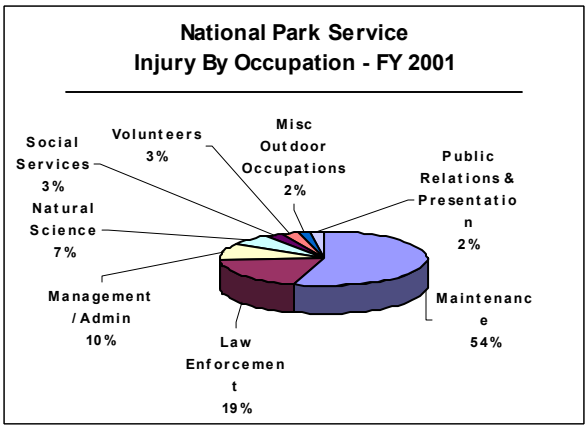


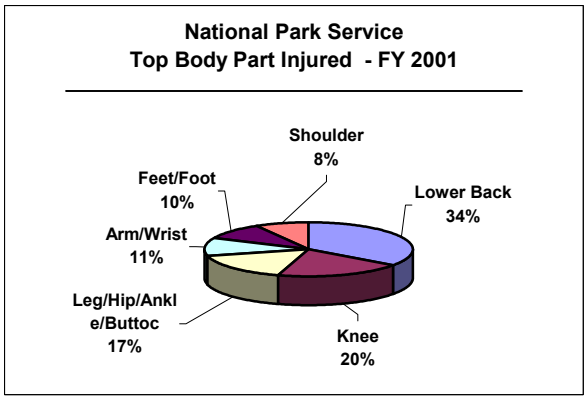
CARBON MONOXIDE DEATH ZONES

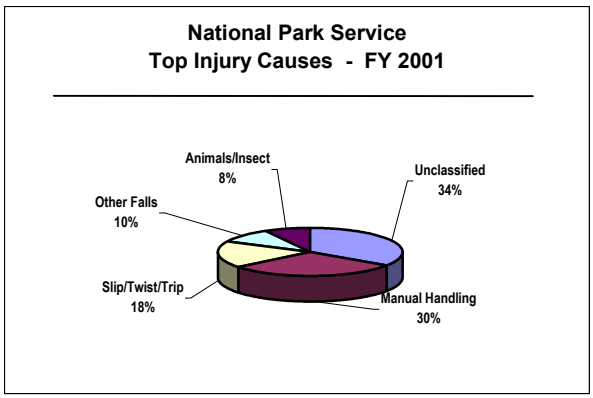
Stay Out **of this area where carbon monoxide collects, while the generator or engine(s) is running and for at least an hour afterwards. Don't swim or "Teak Surf" near exhaust ports!**

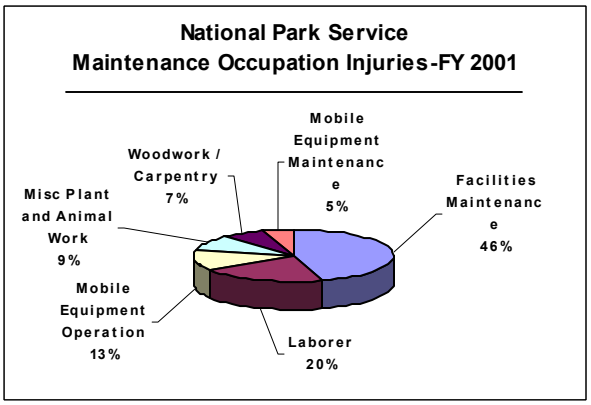
The National Park Service recommends that ANY vessel with a rear mounted exhaust port, especially one that vents under a swimming platform, be modified to direct exhaust gases where they will not produce a hazardous condition. In addition, any enclosed compartment on a vessel, that could be occupied, should have a working Carbon Monoxide Detector.

Injury Spotlight – FY 2001









OWCP Timeliness

The impact of filing claims timely is significant. Adjudication of the claims can be done more quickly, medical care decisions are more immediate and the time between lost wages and compensation payments can be decreased. It's simple. The sooner OWCP is aware that an injury has occurred, the faster service can begin.

Timeliness is measured from date the injured worker signs the claim form to the date it is received by OWCP. CA-1's and CA-2's should reach OWCP within 14 days. CA-7's should reach OWCP within 7 days.

National Park Service
CA-1 and CA-2 Time Lag Analysis
Cases Received from
January 1, 2002 through March 31, 2002

			Time-Lag (Days)			
	Total		0-14 Days		Over 14 Days	
	Cases	%	Cases	%	Cases	%
Cases	359	100	140	39	219	61
N/Traumatic	27	100	7	25.9	20	74.1
Traumatic	332	100	133	40.1	199	59.9

National Park Service
CA-7 and CA-8 Time Lag Analysis
Cases Received from
January 1, 2002 through March 31, 2002

			Time-Lag (Days)			
	Total		0-14 Days		Over 14 Days	
	Cases	%	Cases	%	Cases	%
Cases	234	100	121	51.7	113	48.3
N/Traumatic	36	100	12	33.3	24	66.7
Traumatic	198	100	109	55.1	89	44.9

Contractor Assistance

Selections for contracted safety assistance has been completed:

Harding ESE

- Catoctin Mountain Park
- Golden Gate NRA
- San Francisco Maritime NHP
- Washita Battlefield NHS

Keystone International

- Ft. Laramie NHS
- Gettysburg NMP
- Gulf Islands NS
- Jean Lafitte NHP
- Museum Resource Center, DC

DuPont

- Flagstaff Area National Monuments
- Jewell Cave NM
- Valley Forge NHP

The Risk Management Program Office has decided to try to determine the effectiveness of this contract to assist in determining whether or not to go forward another year with the Contractors/Park Assistance Contract.

How successful has the assistance been in helping the parks accomplish the program elements found in RM-50B, and as required in the Statement of Work in the contract. In other words, is the amount of money being spent producing positive on-going results in the individual Park Safety Programs and are the parks moving forward on their own to implement all recommendations and continue a sustained effort and emphasis on reducing accidents/incidents and related costs.

We are moving toward obtaining an outside vendor to survey and interview to determine the answers to the above questions.

Training Opportunities

Risk Management Career Training Funds will sponsoring the following training:

OSHA 600
August 12-15, 2002 – Harpers Ferry, WV
Mather Training Center

OSHA 600
September 17-20, 2002
Savannah, GA

Root Cause Analysis Training

Contract given to Apollo Associates for three 2-day sessions. Course announcements, applications and selection will be done through the Regional Safety Manager/Regional Training Office. There will be about $500 available per student to offset their travel/per diem costs. The sessions are as follows:

July 23-24, 2002 – Las Vegas, NV
August 20-21, 2002 – Charlotte, NC
Sept 11-12, 2002 – Philadelphia, PA

Automated External Defibrillator

Sudden cardiac arrest remains a major cause of death in the United States, killing nearly 220,000 Americans each year. Despite our best efforts, only about 5-10 percent of its victims survive. Many die needlessly, because SCA is a highly treatable condition, when acted upon quickly. To victims of SCA—every minute counts. For this reason, Risk Management Program staff attended a new city-wide safety initiative to promote automated external defibrillator (AED) programs in the workplace and the community, sponsored by the Washington, DC Fire and the Emergency Medical Services, on May 23 at Gallaudet University Kellogg Conference Center.

The National Park Service is the process of purchasing AED's and conducting required certification training.

External defibrillation is an electric shock given to the heart through paddles placed on the chest. External defibrillation may be done using a manual external defibrillator or an automated external defibrillator (AED).

An Automated External Defibrillator (AED) has a computer that analyzes the person's heart rhythm and determines if a shock is needed. If a shock is needed, the device provides voice commands and screen messages that guide the person holding the paddles through the defibrillation process.

The National Park Service

Hearing Loss Prevention

Servicewide Program Implementation Workshops

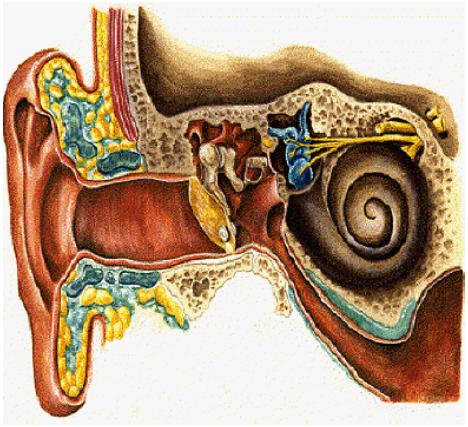
The National Park Service Risk Management Program is rolling out a Service-wide effort to assist parks in implementing Hearing Loss Prevention (HLP) programs. Workshops will provide park management, full time and collateral duty safety officers, division chiefs, first line supervisors, and motivated and involved employees an opportunity to learn what it takes to implement a successful hearing loss prevention program and gain practical hands on experience. Programs will be conducted at two host parks in each region.

What Can Participants Expect?

Day one of a typical workshop will begin with a step-wise look at HLP program elements and their establishment. Trainees will learn to use sound level meters to identify noise hazards and evaluate employee exposures. Skills will be reinforced by conducting a comprehensive sound level survey of the host park. Survey data will be electronically stored for retrieval and analysis to determine employee risk. Those successfully completing the workshop will receive certificates of training as *Workplace Noise Monitors*.

Day two will be dedicated to those employees that were identified the previous day as having high-risk jobs. We will provide required employee training and on-site audiometric testing. (Specifics of the agenda may change to accommodate park-specific needs.)

1) Trained management, safety professionals, and supervisors with practical experience in HLP program implementation.
2) Workshop participants receive a resource package containing the tools necessary to implement an HLP program.
3) Completed comprehensive park sound level survey.
4) Trained workplace monitors.
5) A list of exposed employees that must participate in an HLP program.
6) Trained employees and employee involvement.
7) Audiometric testing.



Host Parks.

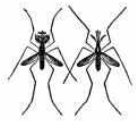
The benefits to parks hosting an HLP workshop are many. Here is what is needed from the park to make it a success for all participants.

1) Commitment to hearing loss prevention program implementation.
2) Willingness to host trainees from neighboring parks.
3) Make the park accessible for a comprehensive sound level survey (including interviews with workers and supervisors to determine frequency and duration of exposures
4) Implement audiometric testing for employees as required and identified by survey data. Cost of audiometric tests must be borne by the host park.

For more information please contact your Regional Risk Manager or:
David P. Bleicher, CIH
Captain, USPHS, NPS Risk Management Program, Occupational Health
(202) 619-7358; (443) 336-1831 mobile; david_p_bleicher@nps.gov

Overview of the West Nile Virus

The West Nile virus appears to be firmly established in the United States. Since 1999, West Nile virus has been detected in 34 states and the District of Columbia. Virtually all states east of the Mississippi have reported some level of West Nile virus activity.



The virus is spread by the bite of an infected mosquito. The natural cycle of West Nile virus involves birds and mosquitoes. Mosquitoes acquire the virus from biting an infected bird. The mosquitoes are then able to transmit the infection to healthy birds (110 species), horses, and humans. Some bird species display no symptoms while other species may get sick and die, notably crows. Not all sick or dead birds will have the disease.

Louisiana has recently reported 5 deaths this year from West Nile virus infections. The fifth Louisiana victim died the week of July 29, 2002, but the cause of death was not confirmed until August 6, 2002. There are 71 confirmed cases statewide, according to a spokesperson for the Louisiana Department of Health and Hospitals. The ongoing outbreak now stands at 71 cases, and has surpassed the New York City outbreak of 1999 as the largest West Nile virus outbreak in the United States.

The Louisiana Department of Health and Hospitals has reported additional human West Nile virus cases from East Baton Rouge (4), Tangipahoa (4), Washington (2), Ascension (2), and one each in Jefferson and St. Tammany parishes. An earlier reported case of a Mississippi resident being treated in a Louisiana hospital has been dropped from the Louisiana cases.

On 07 August 2002, Mississippi State Department of Health announced six more human West Nile virus cases, increasing the total in Mississippi to 28 – 15 cases classified as "confirmed" and 13 classified as "probable."

Three individuals are residents of counties that had not previously reported human infection – one in Bolivar and two in Coahoma; the other new cases live in Hinds (2) and Scott Counties. Previously reported human cases are from Forrest, Hancock, Hinds (10), Jackson, Lincoln, Pearl River, Pike (2), Rankin (2), Scott, Tallahatchie, and Yazoo Counties.

Texas has also confirmed its first human cases of West Nile virus infection. As of 7 August 2002, Texas has reported 10 human cases of West Nile virus with no (0) deaths.

It should be noted that most people who become infected with West Nile virus will have either no symptoms or only mild ones. On rare occasions, infection can result in a severe and sometimes fatal illness known as West Nile encephalitis (an inflammation of the brain). The risk of severe disease is higher for persons 50 years of age and older.

What Are the Symptoms of West Nile Virus Infection?

Most infections of West Nile Virus are mild, and symptoms include fever, headache, and body aches, occasionally with skin rash and swollen lymph glands. More severe infection may be marked by headache, high fever, neck stiffness, stupor, disorientation, coma, tremors, convulsions, muscle weakness, paralysis, and, rarely, death (3-15% of cases with severe infection).

Symptoms appear 3-15 days after the bite from an infected mosquito. It should be noted that human illness from West Nile virus is rare, even in areas where the virus has been reported. The chance that any one person is going to become ill from a mosquito bite is low. Less than 1% of those who get the virus become seriously ill. Most people who contract the virus experience mild, flu-like symptoms, and probably do not realize that they have been infected.

Susceptibility to infection appears to be general, in both sexes and throughout life. Those most susceptible to the potentially serious effects of the virus are the elderly, the very young, and those with compromised immune systems. Infection is thought to lead to immunity, although it is unknown whether immunity is lifelong.

There is no vaccine for West Nile virus, although research is underway for the development of a vaccine.

There is no specific therapy to treat West Nile virus infections. In more severe cases, intensive supportive therapy is indicated, often involving hospitalization, intravenous fluids, airway management, respiratory support (ventilator), prevention of secondary infections (pneumonia, urinary tract, etc.), and good nursing care.

Prevention and Control of West Nile Virus

Mosquito-borne diseases can be prevented in two major ways: personal protective measures to reduce contact with mosquitoes and public health measures to reduce the population of infected mosquitoes in the environment.

Personal protection measures include:

- Staying indoors at dawn, dusk, and in the early evening.
- Wearing long-sleeved shirts and long pants whenever outdoors.
- Spraying clothing with insecticides containing permethrin
  Applying insect repellents containing DEET up to 35% concentration (N, N-diethyl-meta-toluamide). DEET in high concentrations (greater than 35%) provides no additional protection.
- Insect repellents with 10% to 35% DEET will provide adequate protection under most conditions. The American Academy of Pediatrics recommends that repellents used on children contain no more than 10% DEET.

Repellents may be applied directly to the skin or to clothing, window screens, mesh insect nets, tents, or sleeping bags. Persons who are particularly concerned about potential toxicity from DEET may limit application of the repellent to their clothes. Repellents containing DEET can damage plastics (such as watch crystals and eyeglasses frames), rayon, spandex, other synthetic fabrics, leather, and painted or varnished surfaces. DEET does not damage natural fibers, such as cotton or wool, and has no effect on nylon.

Public Health Prevention and Control Strategies

Public health prevention and control strategies for of West Nile virus are most effectively accomplished through integrated vector management programs. These programs include surveillance for West Nile virus activity in mosquito vectors, birds, horses, other animals, and humans, and implementation of appropriate mosquito control measures to reduce mosquito populations (e.g., elimination of larval habitats or spraying of insecticides to kill juvenile (larvae) and adult mosquitoes) when necessary.

Additionally, when virus activity is detected in an area, residents are alerted and advised to increase measures to reduce contact with mosquitoes. The following are practical risk reduction strategies that can be used around the home and the workplace:

- Remove all discarded tires on the property. Used tires are one of the primary breeding areas for mosquitoes.
- Dispose of tin cans, plastic containers, ceramic pots, or similar water-holding containers.
- Drill holes in the bottom of recycling containers left outdoors.
- Make sure roof gutters drain properly, and clean clogged gutters in the spring and fall. Roof gutters can produce millions of mosquitoes each season.
- Turn over plastic wading pools and wheelbarrows when not in use.
- Change water in birdbaths and pet bowls.
- Clean vegetation and debris from edges of ponds.
- Clean and chlorinate swimming pools, outdoor saunas and hot tubs.
- Aerate or add fish to ornamental ponds. (Remember to drain water from pool covers and tarps.)
- Use landscaping to eliminate standing water that collects on your property. Mosquitoes may breed in any puddle that lasts for more than four days.

See National Park Service Public Health website for West Nile Virus details at:

www.nps.gov/public_health/intra/index.htm

Please submit any safety success stories to WASO Risk Management for publication. A safe and healthy environment is first and foremost the most important objective for the National Park Service. National Park Service Risk Management's purpose is to abolish all preventable employee and visitor accidents.

Richard Powell
Program Manager
Risk Management
202-208-6350

Mary Davis
Newsletter Coordinator
Risk Management
202-208-6241